



# CITY OF FRAMINGHAM

Public Health Department



**Public Health**  
Prevent. Promote. Protect.

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Director of Public Health

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**MEMORIAL BUILDING**  
150 Concord Street, Room 205  
Framingham, MA 01702

## Septic System Plan Review Application

**Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process.**

Date: \_\_\_\_\_

☐ Construct New System (New Construction) ☐ Repair / Replace an Existing System (Upgrade)

### Location of Property

Address: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_

Map / Parcel Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

### Owner Information

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Designer Information

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Designer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Facility Information

#### Type of Building

☐ Dwelling ☐ Other - Specify: \_\_\_\_\_ Number of Persons Served: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Does the dwelling have a garbage grinder? ☐ Yes ☐ No

Showers: ☐ Yes ☐ No Number of Showers: \_\_\_\_\_ ☐ Cafeteria

☐ Other Fixtures – Specify: \_\_\_\_\_ Lot Size: \_\_\_\_\_ ft<sup>2</sup>

### Design Flow

Design Flow (minimum required): \_\_\_\_\_ GPD

Calculated Design Flow: \_\_\_\_\_ GPD

Design Flow Provided: \_\_\_\_\_ GPD

### Plan Information

Title of Plan: \_\_\_\_\_ Number of Sheets: \_\_\_\_\_

Date of Original Plan: \_\_\_\_\_ Revision Date: \_\_\_\_\_ ☐ NA

### Soil Information

Provide the following documents from the Soil Evaluator:

- ✓ **Form II – Soil Suitability Assessment for On-Site Sewage Disposal**
- ✓ **Form 12 – Percolation Test**

Statement: I, \_\_\_\_\_ agree to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by the Framingham Department of Public Health. Approval of this application does not guarantee a Certificate of Compliance will be issued. Only after the system has been inspected and the as built meets the plans as submitted, a Certificate of Compliance will be issued.

Signature: \_\_\_\_\_

### Submit the Following:

- ☐ Completed Application
- ☐ Fee of \$300.00. Make check payable to "City of Framingham". Credit cards are not accepted at this time.  
**All fees are non-refundable.**
- ☐ Form II – Soil Suitability Assessment for On-Site Sewage Disposal
- ☐ Form 12 – Percolation Test

**Note: Incomplete applications and missing documents may cause a delay in the plan review process.**  
**All fees are non-refundable**

### For Official Use Only

- ☐ Approves plan as submitted
- ☐ Approves plan as with the following conditions: \_\_\_\_\_
- ☐ Disapproves the plan as submitted – Reason(s): \*\* \_\_\_\_\_

**\*\*Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Title: Public Health Inspector